	PLAC	E OF DEATH			Wil S.	BUREAU	OF VITAL	ARD OF HEA Statistics	LTH
Co	unty		·····		ř	CER՝ ->/ሰ\ -:	TIFICATE OF	DEATH	
Tov	wnship	**************************************	Rogi	Istration Distri	ict No.		File No.	3106	·····
VIII	lage		Prin	nary Registrati	ion District No		Registered No	372	23
OI Cit	· _7/ ~	NAME C	Hans	31 S	erschn	ak,		III death occur	stitution Instea
	PERSO	NAL AND STATIS	TICAL PARTICULA	ARS /	/ M	EDICAL CER	TIFICATE OF	DEATH	
8E	x nali	COLOR OR RACE	MARRIED -WIDOWED? -OR DIVORCED? ([L'este the word)	(arrieol	DATE OF DEATH	april	(Month)	(Day)	191./. (Year)
DA	ATE OF BIRTI	(Month)		, 1882 (Year)	I HEREBY CERTIFY, that I attended deceased fro				from
AG	DE	4 0		If LESS than I day,hrs.	that I last saw h				5 am
OCCUPATION (a) Trade, profession, or					and that death occurred, on the date stated above, at 9/5 and The CAUSE OF DEATH* was as follows:				
(a)	Trade, profes	islon, or	cohanis		(/ /		-	•	
(a) part	Trade, profesticular kind General naturalness, or esta ch employed THPLACE	re of Industry. The blishment in (or employer)	7 49	hift up	(/ /		July	•	ds
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(a) part bus whice State	Trade, profesticular kind General naturiness, or esta ch employed THPLACE by or town, te or foreign count NAME OF FATHER BIRTHPLAC OF FATHE	re of industry, I. collishment in (or employer) I.	on Co	no_	Contributor (SECONDARY) (Signed)	(Duration	Tube	rculosis	ds
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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sar-

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measless (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

